| 01/ | UTILITY O |
|------|------------------------|
| 16/C | Attorney Docket No.: _ |
| 2 | CENT AND ARE |

01-22-02

UTILITY OR DESIGN PATENT APPLICATION AND FEE TRANSMITTAL

| Attorney Docket No.: 741004.1005 | | | | | | |
|---|----------|--|--|--|--|--|
| First Named Inventor:Thomas William WIELKOPOLSKI | | | | | | |
| Title: DRIVE SYSTEM | | | | | | |
| APPLICATION ELEMENTS: | | | | | | |
| 1. [X] Applicant claims small entity status 2. [X] Specification [Total Pages: 10] 3. [X] Informal Drawing(s) [Total Sheets: 6] 4. [X] Declaration and Power of Attorney [Total Pages: 3] a. [X] Newly executed (original or copy) b. [] Copy from a prior application i [] Deletion of inventor(s) (signed statement attached deleting inventor(s) named in the prior application) 5. [] Application Data Sheet | | | | | | |
| ACCOMPANYING APPLICATION PARTS: | | | | | | |
| 6. [] Assignment Papers (cover sheet & document(s)) a. [] Newly executed (original or copy) b. [] Copy from a prior application 7. [] Information Disclosure Statement (IDS) [] Copies of IDS Citation(s) 8. [X] Preliminary Amendment 9. [X] Return Receipt Postcard 10. [] Certified Copy of Priority Document(s) [] English Translation Document(s) 11. [X] Other: Letter re Priority | | | | | | |
| IF A CONTINUING APPLICATION: | | | | | | |
| [] Continuation [] Divisional [] Continuation-in-part (CIP) of prior Application No.: Prior application information: Examiner: Group Art Unit: | | | | | | |
| METHOD OF PAYMENT: | | | | | | |
| [X] The Commissioner is hereby authorized to charge indicated fees and credit any overpayment Deposit Account Number: <u>500518</u> Deposit Account Name: <u>Steinberg & Raskin, P.C.</u> | nts to: | | | | | |
| [X] Charge any additional fee required under 37 CFR 1.16 and 1.17 | | | | | | |
| 2. [] Payment Enclosed | | | | | | |
| [] Check [] Credit Card [] Money Order [] Other | | | | | | |
| FEE CALCULATION: | | | | | | |
| 1. Basic Filing Fee | | | | | | |
| Fee Description | Fee Paid | | | | | |
| Basic Filing Fee - Utility | \$370.00 | | | | | |

Subtotal (1): \$370.00

| 2. Extra Claim Fees: | | | | | | | |
|--|------------------|--------------|-------------------|------------------------|---------------------------------------|-----------------|--|
| | | _ | Extra Claims | , | Fee | , | Fee Paid |
| Total Claims | 19 | - 20 = | 0 | x | \$9.00 | = | \$0.00 |
| Independent Claims | 3 | - 3 = | 0 | x | \$40.00 | = | \$0.00 |
| Multiple Dependent | | | | | | = | N/A |
| | | | | | | | |
| | | | | | Subtota | 1(2): | \$370.00 |
| 3. Additional Fees: | | | | | | | |
| | | Fee Descrip | tion | | | | Fee Paid |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | Subtota | 1 (3): | \$ |
| | | | | | | | |
| | | | | Total | l Amount of Payr | nent: | \$370.00 |
| CORRESPONDENCE A | ADDRESS: | | | | | | |
| [X] Customer Number 2 | .1831 | | | | | | |
| [] | | | | | | | |
| PRACTITIONER(S) OF | RECORD: | | | | | | |
| [X] Customer Number 2 | <u>1831</u> | | | | | | |
| SUBMITTED BY: | | | | | | | |
| Name: Grant E. Pollack, Esq. Signature: | | | | Reg | istration Number | : 34,0 | 97 |
| | | | | Date: January 16, 2002 | | | |
| | | CERTIFIC | CATE OF MAILI | NG. | | | |
| Express Mail Label No.: | EV0205696 | 66US | | | | | |
| Date of Deposit:Janu | ary 16, 2002 | v - 1000 | | | | | |
| I hereby certify that this Mail Post Office to Add Assistant Commission fo | lressee" service | under 37 CFI | R 1.10 on the dat | with t | he United States icated above in a | Posta n enve | l Service "Express clope addressed to |

Signature

Grant E. Pollack
Name of person signing Certificate

PLEASE CHARGE THE \$370.00 FEE FOR FILING THIS NATIONAL PHASE APPLICATION TO OUR FIRM DEPOSIT ACCOUNT NO. 500518.